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Clinical Case

Male, 71 y

Rutherford 4

Arterial hypertension; Dyslipidaemia; Smoker

TcpO2 = 8 mmHg

Without autologous veins suitable for bypass

3 previous surgical revascularizations

Femoro-tibial extra-anatomic lateral composite bypass

from profunda femoralis artery to anterior tibial artery
occluded after 16 months

Treatment

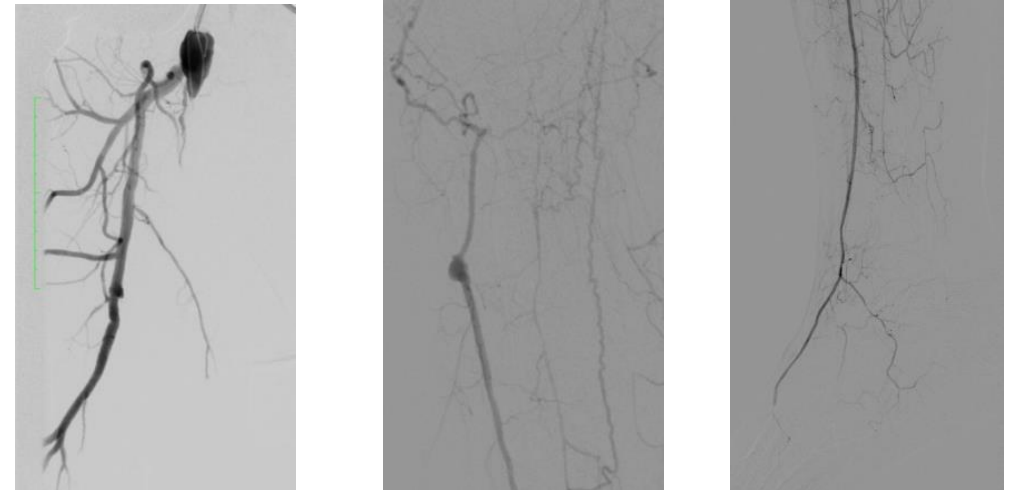
Impossibility to find and go through the proximal anastomosis

Retrograde distal anterior tibial artery puncture

Guidewire through distal and proximal anastomosis

Antegrade rotational mechanical thrombectomy (ROTAREX S 8F)

PTA of proximal and distal anastomoses with drug eluting balloon



Preliminary angiography



Conclusion

This very complex case and all of our experience (21 cases)

suggest that

mechanical thrombectomy,
with Rotarex S,
is an effective and safe treatment
in complex bypass occlusion

